

# STATE OF TENNESSEE **DEPARTMENT OF EDUCATION**

PHIL BREDESEN

GOVERNOR

DIVISION OF SPECIAL EDUCATION

7<sup>th</sup> FLOOR, ANDREW JOHNSON TOWER

710 JAMES ROBERTSON PARKWAY

NASHVILLE, TN 37243-0380

LANA C. SEIVERS, Ed.D. COMMISSIONER

#### **MEMORANDUM**

TO:

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Director of Schools

Joseph Fisher, Assistant Commissioner

SUBJECT: Reimbursement Request for High Cost Students for the 2006-2007 SY

DATE: April 16, 2007

Additional funds for very high cost children with disabilities are subject to the availability of federal funds as specified in Public Law 108-446, Section 602(8) and 611(e)(3). **These additional federal funds are distributed to school systems based on special education expenditures from the General Purpose School Funds only**. These additional funds received by the LEA must be budgeted and expended as General Purpose Funds in the 71200 and 72220 series for audit purposes and included in the review for maintenance of effort. Please remember that Functionally Delayed and Intellectually Gifted are state disability categories and not federal; therefore, requests for reimbursement for these disabilities are not accepted.

The required information should be submitted to the Management Consultant in the district office serving your school system. Only current year forms will be processed; no prior year forms will be considered. If your request is faxed to your Management Consultant in order to meet the deadline, please submit the original in the mail immediately. **Requests submitted after June 30**<sup>th</sup> will not be accepted.

Attached you will find "Instructions and Guidelines for Determining the High Cost of Special Education Programs," followed by the forms needed to complete your request. Requests that are not covered by these guidelines may be presented by the Director of Schools along with the packet of requests.

When submitting a reimbursement request for additional funds for high cost students, the applicable enclosed forms must be completed:

- 1. Certification **Must** be signed by the Director of Schools. One form for all requests.
- 2. Completion of the appropriate form(s):
  - a. Priority 1 Report Form for each child placed in a DOE Special School,
  - b. Priority 2 Report Form for each child placed by a State Agency and
  - c. Priority 3 Report Form for each high cost child placed and served by the Local Education Agency (LEA). Extremely High Cost
  - d. Priotity 4 Report Form for each high cost child placed and served by the Local Education Agency (LEA) Very High Cost

If you have any further questions, please contact your Management Consultant or Nan McKerley at (615) 741-7796.

cc: Nan McKerley Management Consultants

Special Education Supervisors

# INSTRUCTIONS AND GUIDELINES FOR DETERMINING THE HIGH COST OF SPECIAL EDUCATION PROGRAMS

**2006-2007 School Year (SY)** 

**PLEASE NOTE**: State disability categories of functionally delayed and intellectually gifted may not be submitted for high cost reimbursement. The Office of Special Education Programs does not recognize these two categories and federal IDEA funding is not received for these categories.

**PRIORITY 1 - Children Placed in State Department of Education Special Schools** - Tennessee Department of Education State Special Schools include Tennessee School for the Blind, Tennessee School for the Deaf, and West Tennessee School for the Deaf. Federal grants from additional funds are 100% of the high cost to the LEA. When children are placed through appropriate procedures in a State Department of Education Special School, the school system of residence may be required to provide additional services to assure that each child has an appropriate special education program. Since school systems **do not** generate State or Federal funds for these children, the amount expended by the school system may be paid by high cost funds. Use the Priority 1 Report Form to provide documentation of expenditures.

**PRIORITY 2 - Out-of-System Residents Placed by a State Agency** - This includes such state agencies as the Department of Human Services, the Department of Mental Health and Developmental Disabilities, the Department of Children's Services, the Department of Health and children placed by the Implementation Team (Bureau of TennCare, Department of Health). This only applies to those children placed by a state agency for the **first year** of service in a school system. After the first year, those students generate state and federal dollars as any other child with a disability in your school district. The Division will pay 100% of the high cost to the LEA. Use the Priority 2 Report Form to provide documentation of expenditures.

When out-of-system children with disabilities are placed in a group or foster home in a school system which is not the resident system, the school district where the children are placed is to follow the required procedures and provide the appropriate educational services. After the first year, these children are reported on the census and may then become Priority 3 and any additional funds received are based on the additional cost of the program. (Read *Allowable Expenditures for High Cost Children* under Priority 3.)

PRIORITY 3 – Child Placed and Served by the Local Education Agency (LEA) – Some children require extensive and costly special education and related services that create a severe financial burden on the school system. Additional funds will be used to assist in the provision of such a high cost program when the additional cost is greater than three times the state's average per pupil expenditures. The percentage of reimbursement for high cost for this priority is determined based upon the available money in the required High Cost discretionary pool and the total amount requested by all LEAs. Use the Priority 3 Report Form to provide documentation of expenditures. For IDEA, Part B approximately forty-five percent (45%) of the total cost was reimbursed to LEAs during the 2005-06 SY for allowable costs. For Preschool, it was 100%.

When applying for Priority 3, very high cost children, school systems will be allowed a maximum of .3% of the December 1, 2005 census count for total number of children served. School systems with a December census count of less than 600 will be allowed to submit up to three (3) high cost children under Priority 3.

	X.3% =	allowable requests
Dec. 1, 2005 Census Count		<del>-</del>

### GENERAL PURPOSE/STATE PER PUPIL EXPENDITURE for PRIORITY 3 Requests –

To qualify for a high cost reimbursement, the General Purpose expenditures must be **three times** the State average per pupil expenditure of \$7,469 or \$22,407 for the 2005-06 school-year (Section 611(e)(3)(C)). The State average per pupil expenditure information is also located on the *TN State Report Card* under *Finance Information*.

<u>Priority 4</u> – Very high cost children with disabilities who are the responsibility of the school system when the additional cost is 250% greater than the total funds to be deducted on a specific student. The percentage of reimbursement for high cost for this priority is determined based upon the available money in the state discretionary award after reimbursing Priority 1 and 2 and the total amount requested by all LEAs. Based on the availability of funds, up to 100% of total allowable costs will be reimbursed. For IDEA, Part B, thirty percent (30%) of the total cost was reimbursed to LEAs during the 2005-06 SY for allowable costs. For Preschool, it was 59%.

When applying for Priority 4 for high cost children, school systems will be allowed a maximum of .3% of the December 1, 2005 census count for total number of children served. School systems with a December census count of less than 600 will be allowed to submit up to three (3) high cost children under Priority 4.

Dec. 1, 2005 Census Count

X .3% = \_\_\_\_\_ allowable requests

### Allowable expenditures for determining a high cost child are:

- a. One-on-one assistance.
- b. Specialized equipment specific to the child and required to provide FAPE.
- c. Special transportation exceeding requirements of special education buses/vans.
- d. Cost of contractual services for an eligible child.

e.	Other:	

**NOTE:** A LEA may request reimbursement for salaries for special education teachers and teacher assistants only if a new class was created to accommodate a child or group of children (pro/rate child). This should be submitted as a separate request along with the Priority requests. Please include documentation to support this request, such as school where class is housed, name/type of class, teacher, number of students, etc. and must be signed by the Director of Schools.

#### Non-allowable expenditures for determining a high cost child are:

- a. Pro-rated salaries for teachers or teaching assistants already providing special education services.
- b. Pro-rated salaries of related services personnel already providing services.
- c. Pro-rated salaries of special education bus drivers and attendants already providing services.
- d. Pro-rated time of director, supervisor, principal school psychologist and/or counselor for administrative duties, meetings, etc.,
- e. Specialized equipment/materials already provided by the school system.

#### FEDERAL FUNDS

This amount is different for every school system depending on their December base allocation (based on their December headcount for either 1998 (IDEA, Part B) or 1996 (Preschool)), population and poverty figures. The correct amounts for your school system will be provided to you by your Management Consultant or Nan McKerley. This amount should be used when a high cost student has been reported on the December 1, 2005 census:

6-21 year olds: \$\frac{1}{2}\text{student (Part B funds only)}

3-5 year olds: \$\frac{1}{2}\student (includes Part B and Preschool funds)

**NOTE:** Do not submit more Priority 3 forms than the maximum allowable for your system!

# CERTIFICATION REQUEST FOR HIGH COST FUNDS FOR THE 2006-2007 SY

I certify that the information provided in this request for additional funds is accurate, and each student's evaluation, eligibility and IEP are current. I certify that only children with federally recognized disability categories have been included in this request. I assure that state and local funds expended for the special education program will demonstrate maintenance of effort in order to qualify for any federal funds, including those for high cost children. Documentation is available in the school system to support these expenditures from General Purpose funds and all reimbursements will be budgeted and expended as General Purpose funds in the 71200 and/or 72220 series for audit purposes.

Signature of Director of Schools
School System
Date

NOTE:

# **PRIORITY 1** 2006-2007 SY

CHILD PLA	ACED	IN A SI	OE SP	ECIAL S	SCHOOL
$\square$ TSB		TSD		WTSD	

Social Security # / Student ID			
Current IEP developed:	(date)		
Documentation of total Gener	ral Purpose expend	litures incurred by the LE	A:
Specific Services	Frequency	Period Covered By Request	Expendito
		Total Expenditures: \$_	
Eligible High Cost Reimburs	ement		

# **PRIORITY 2** 2006-2007 SY

# CHILD PLACED BY A STATE AGENCY (OUT-OF-SYSTEM RESIDENT)

1.	Student Name:		D.O.B.:	
	(Class Action Member) $\overline{Y}$	es No		
	Social Security # / Studen	t ID:	Disability:	
2.	Agency having legal custody of	of student:		
3.	Prior LEA of residence:			
4. 5	Current IEP developed: Eligibility determined by curre	(date)	_	
٥.	Englounty determined by curre	EIILEA.	(date)	
6.	Documentation of total Gener	al Purpose expendi	tures incurred by the LEA	<b>A</b> :
	Specific Services	Frequency	Period Covered By Request	Expenditure
	Eligible High	Cost Reimburseme	ent: Total Expenditures:	0
	LEA		Page of	

ED – 3065 (Revised 4/07) DEPT OF EDUCATION

## **PRIORITY 3**

## 2006-2007 SY

### CHILD PLACED AND SERVED BY LEA

1.	Student Name:		D.O.B.:		
	Social Security # / Student ID:		Disability:		
2.	School attended (SY06-07):	loped:Date			
3.	Reported on December 1, 2005 census	$\frac{1}{\text{Yes}}$	No		
	Preschool child (ages 3-5 as	of Dec. 1, 200	$\frac{1}{\text{Yes}}$ $\frac{1}{\text{N}}$	<del>-</del> 0	
4.	Funds to be deducted from total cost fo	r student:			
	<ul><li>a. General Purpose Funds: \$</li><li>b. Federal funds (if #3 is yes):</li><li>c. Total funds to be deducted:</li></ul>	\$ \$(Total of a	and b above)		
5.	Documentation of <u>total</u> General Purpose	e expenditures	incurred by the LEA	Λ:	
(fro	Specific Services om allowable expenditures a-e in Guidelines)	Frequency	Period Covered By Request	Expenditure	
	Total C	General Purpo	ose Expenditures:	\$0.00	
			Less #4c above:		
	•	_	st Reimbursement:		
6.	If a detailed explanation of requested ex		_		
Must	be greater than 3 times the State average per pupil exp			\$22,407.00.	
	LEA	Page	of	_	

### **PRIORITY 4**

### 2006-2007 SY

### CHILD PLACED AND SERVED BY LEA

1. Student Name:			D.O.F	3.:	
Social Security # / Student ID:			Disabil	ity:	
2. School attended (SY06-07):		Cu	rrent IE	EP deve	loped:Date
Reported on December 1, 2005 census	s? Yes	No			
Preschool child (ages 3-5 as	of Dec. 1, 20	005):	Yes	N	<u></u>
4. Funds to be deducted from total cost fo	r student:				
<ul><li>a. General Purpose Funds: \$</li><li>b. Federal Funds (if #3 is yes):</li><li>c. Total Funds to be deducted:</li></ul>	\$	f a and b	above)		
5. Justification of need for excess high cos	t services:				
Additional teacher/service becautransportation costs Other:  6. Documentation of total General Purpos				he LEA	<u></u>
Specific Services (from allowable expenditures a-e in Guidelines)	Frequency		od Cov y Requ		Expenditure
Total (	General Purp	ose Ex	pendit	ures:	\$0.00
		Less	s #4c a	bove:	
* Elig	ible High Co	ost Rei	mburse	ement:	\$0.00
Eligible High Cost Reimbursement must be 250% greater the	han the total fund	ds (4c).			
LEA	Page		of		